

**SOUTHERN VIRGINIA
MENTAL HEALTH INSTITUTE**

Danville, Virginia

Initial Primary Inspection

**Office of the
Inspector General**

EXECUTIVE SUMMARY

This report summarizes the findings during a primary inspection of Southern Virginia Mental Health Institute, which occurred on May 30 - 31, 2000.

Primary Inspections are routine unannounced comprehensive inspections. The purpose of this type of inspection is to evaluate components of the quality of care delivered by the facility and to make recommendations regarding performance improvement.

This report is organized in eight areas selected for review. These are: 1) Treatment with Dignity and Respect, 2) Use of Seclusion and Restraint, 3) Active Treatment, 4) Treatment Environment, 5) Access to Medical Care, 6) Public-Academic Relationships, 7) Notable Administrative Projects and 8) Facility Challenges. Each area of review was selected based on the relevance of reform activity being undertaken at Southern Virginia Mental Health Institute as well as other facilities across the Commonwealth. This report intentionally focuses on those issues that relate most directly to the quality of professional care provided to patients of the facility. It is intended to provide a view into the current functioning of Southern Virginia Mental Health Institute.

The following findings constitute a summary and would be taken out of context if interpreted without review of the accompanying background material.

FINDINGS OF MERIT

Finding 1.1: SVMHI staff was found to treat patients with dignity and respect in several interactions observed throughout the inspection period.

Finding 2.1: There has been a reduction in the use of seclusion and restraint at this facility over the past two years.

Finding 3.1: SVMHI has developed an extensive psychosocial rehabilitation program. This represents a significant improvement in treatment programming over the last year.

Finding 4.3: The buildings and grounds of this facility are well kept.

Finding 5.1: The facility currently has five full time psychiatrist positions filled.

Finding 5.2: SVMHI uses a nurse practitioner to provide basic primary care to patients.

Finding 5.3: Morning Report at SVMHI is an effective mechanism for the dissemination of information about new and potentially unstable patients throughout the facility.

Finding 6.1: SVMHI collaborates with several colleges to provide training opportunities.

Finding 7.1: SVMHI has developed a performance improvement process that has recently completed several projects.

FINDINGS OF CONCERN

Finding 1.2: A standing LHRC has not been in place for this facility since 1997.

Finding 2.2: Wire meshing over the windows in seclusion rooms presents a potential risk to patients.

Finding 2.3: The current SVMHI Medical Staff Policy and Procedure #36 regarding seclusion is outdated

Finding 3.2: There is inadequate space for effective psychosocial programming to occur.

Finding 3.3: Behavioral Programming needs further development within this facility.

Finding 3.4: Treatment plans did not consistently link the patient's barriers to discharge to psychosocial programming.

Finding 4.1: The facility has a very institutional presence and appearance.

Finding 4.2: There are several second-hand temporary buildings parked outside the facility that are not being used.

Finding 8.1: The population being served has shifted dramatically for this facility in recent years.

Finding 8.2: This facility continues to adapt to a changing role in service provision within the state facility system and its locality.

Facility: Southern Virginia Mental Health Institute

Date: May 30 – 31, 2000

Type of Inspection: Primary Inspection – Unannounced

Reviewers: Anita Everett, M.D.

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Sources of Information: Interviews were conducted with staff, patients and family members; six patient records were reviewed; treatment activities were observed in the Psychosocial Rehabilitation Program; treatment team staffing for five patients was observed. Policies regarding the use of seclusion and restraint were reviewed. A review of performance improvement data and projects occurred. A tour of the facility was completed.

Areas Reviewed: Section One/ Treatment with Dignity and Respect

Section Two/ Use of Seclusion and Restraint

Section Three/ Active Treatment

Section Four/ Treatment Environment

Section Five/ Access to Medical Care

Section Six/ Public-Academic Relationships

Section Seven/ Notable Administrative Activities

Section Eight/ Facility Challenges

Southern Virginia Mental Health Institute Background

Southern Virginia Mental Health Institute (SVMHI) began providing psychiatric services to the citizens in Virginia by 1977. The facility is located in Danville, near the North Carolina border and was initially intended to serve the catchment area between Central State Hospital in Petersburg and Southwestern Virginia Mental Health Institute in Marion. The catchment area currently includes sixteen counties and four cities. The facility primarily serves four Community Services Boards. SVMHI is certified for 96 acute adult beds. Southern Virginia Mental Health Institute has been accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) since 1979. The most recent review of the facility by JCAHO was completed during February 2000.

There has been a change in the designated catchment area for this facility, since the completion of the inspection at the end of May.

Section One

Treatment with Dignity and Respect

Finding 1.1: SVMHI staff was found to treat patients with dignity and respect in several interactions observed throughout the inspection period.

Background: There were multiple opportunities to observe staff-patient interaction within the facility while in group(s), on the unit, and in treatment planning processes. Staffs, of all disciplines, were observed interacting in a polite, respectful and professional manner. Interview(s) with patients revealed that staff, in general, listened to their concerns, interacted in a respectful manner and fostered a therapeutic environment.

Recommendations: None.

Finding 1.2: A standing LHRC has not been in place for this facility since 1997.

Background: The advocate for this facility, a relatively recent hire, indicated that efforts are underway to reestablish a working Local Human Rights Committee (LHRC). It appears as if there has not been a working LRHC for patients of this facility since 1997 as there were not any minutes of record beyond that time. This was attributed to the movement of the advocate previously at the facility to the position of Regional Human Rights Advocate. The LHRC consists of seven members of the community. Members are responsible for the receiving of complaints of alleged rights violations and to hold hearings as appropriate. Since historically, the LHRC has been such a significant

component of the human rights process, it is striking that this status could be allowed to continue for so long a period of time. It is commendable that the new advocate has recognized this as an important issue and made efforts to re-establish this committee.

Recommendation: It will be important for the State’s Human Rights Director to review this situation so that it does not happen again.

Section Two

Use of Seclusion and Restraint

Finding 2.1: There has been a reduction in the use of seclusion and restraint at this facility over the past two years.

Background: Data and interviews indicated that the facility has made an effort in the reduction of the use of seclusion and restraint. The area where there has been the most significant improvement has been in the amount of time per episode of seclusion. This was attributed to clearer release criteria as defined by the physician in the seclusion order and increased dialogue between nursing staff and the patient in assessing whether the criteria had been met.

The use of restraint has been virtually non-existent for a number of years. One staff member indicated that restraints have been used less than six times in the last ten years.

Recommendation: Continue to review the frequency of seclusion within the facility.

Finding 2.2: Wire meshing over the windows in Seclusion rooms presents a potential risk to patients.

Background: Several members of the inspection team noted that the wire meshing over the windows was very coarse and could be easily used to scratch or cut oneself. It was explained that the meshing was there to prevent the implosion of shattered glass in the event of a tornado or hurricane. There was a board outside the seclusion door reportedly for the same purpose. Given the “policy” of conducting a check once every fifteen minutes on patients in seclusion, the risk of patient’s using this for self-harm outweighs the risk due to a severe weather situation

Recommendation: The Safety Committee needs to assess the value of the meshing in the seclusion rooms.

Finding 2.3: The current SVMHI Medical Staff Policy and Procedure #36 regarding Seclusion is outdated.

Background: The DMHMRSAS is currently reviewing the Departmental Instruction regarding the use of Seclusion and Restraint. The current expectation is that Seclusion and restraint are to be used in Virginia only in the event of failure of other interventions, and in emergency situations wherein there is imminent risk of harm to patient or staff. The general expectations include continuous observation and fifteen-minute reassessments. The current SVMHI policy does not reflect this.

The inspection team had the opportunity to observe a patient that was placed in seclusion. The patient was placed in seclusion on the basis of increased agitation and belligerence. Nursing staff related that this individual would often “work herself up into a seizure” while highly agitated which was a further justification for the decreased stimulation provided by the use of seclusion. The facility is equipped with audio and visual observation of seclusion rooms but the review team was informed that this did not have to be continuously observed due to the “fifteen minute rule”.

Although this patient did not have a seizure on the night of use of seclusion, this is a patient who is frequently put into seclusion. It is somewhat concerning that continuous observation was not in place and that she sometimes has seizures when under stress. Staff was clearly viewing her from the nursing station much more often than every fifteen minutes. She was viewed through the video camera while doing other charting work. A reasonable clinician might feel this is adequate monitoring, however, based on current developing policy and practice in Virginia, continuous monitoring would have been prudent. In fact this very same patient did have an injury during a seizure (not in seclusion) within several weeks of this original inspection.

Recommendation: SVMHI needs to review its policy regarding seclusion and update it in terms of new directives regarding observation, usage, language and intent. It is in the review of this document where the absence of a standing LHRC is most evident.

Section Three

Active Treatment

Finding 3.1: SVMHI has developed an extensive psychosocial rehabilitation program. This represents a significant improvement in treatment programming over the last year.

Background: Psychosocial Rehabilitation Programming began at this facility approximately a year ago. The program offers five 45-minute “classes” per day and some evening and weekend programming. Patients are scheduled into programs that best

match their needs for effective community living as determined by the treatment team. SVMHI staff is currently working on enhancing weekend programming.

Although relatively new the program has already undergone several revisions in an effort to provide services that best serve the population shifts that have occurred within the facility. This is a very exciting set of programs.

Recommendation: SVMHI needs to continue to develop the psychosocial program to assure its efficacy in assisting patients maximize their hospital experience in a way that addresses their individual barriers to successful community placement and/or living.

Finding 3.2: There is inadequate space for effective psychosocial programming to occur.

Background: Discussions with members of the administration revealed that there are plans to re-allocate space in order to create an area that will house a “treatment mall”. There are plans, mostly through a census reduction project, to designate a large segment of a residential wing as the “mall” area. This will allow for greater access to groups since the areas will be expanded to accommodate a larger group size. Currently, the numbers of participants in several groups are driven more by the availability of space than by the actual number of patients that could benefit from the group.

Recommendation: Continue with plans to allocate a designated area for the development of psychosocial programming.

Finding 3.3: Behavioral Programming needs further development within this facility.

Background: The finding of multiple episodes of seclusion for a single patient is an interesting finding at this facility. As a result of a project SVMHI had worked on in 1997, SVMHI received national recognition by the National Alliance for the Mentally Ill in 1999 regarding their successful method for the dramatic reduction in seclusion and restraints. The procedure developed by SVMHI involved a statistical analysis of the use of all seclusion at this facility. SVMHI staff also reviewed national information on seclusion and restraint use. Based on this it was determined that any seclusion beyond two episodes would be above average. SVMHI created the expectation that with a second use of seclusion, thorough review by the treatment team would occur. A third episode of seclusion prompts a consultation by the facility Clinical Director and Medical Director. Additionally, each and every episode of seclusion (and restraint) is reviewed at the medical staff morning report. This level of scrutiny has been very successful in reducing the unnecessary use of seclusion at this facility since 1998.

Review of the chart of the patient referenced in Finding 2.3 revealed that seclusion occurs routinely without evidence that a preventive behavioral plan was considered. The patient was later observed in one-on-one status. It was not clear from the interviews or the record the clinical justification of the use of one form of intervention over the other.

Management of this patient is a clinical challenge because she has dementia and frequently becomes very hostile with disorganized paranoid ideation toward staff and other patients. Multiple medication interventions have been tried. Currently seclusion is seen as the most viable alternative to use to manage situations once she becomes agitated.

Despite the diagnosis of this individual, a behavioral analysis could provide data that may result in an environmental change that might generalize to other settings, lessening the continued likelihood that her behavior be a barrier to discharge. SVMHI is currently participating in the state supported behavior analysis training. Once the Behavioral Consult Team at SVMHI is developed, we are hopeful that this patient will benefit from analysis by this group.

More immediately, it might help the care of this patient to consider video consultation with the medical and psychology staff at Piedmont Geriatric Hospital (PGH). Staff at PGH have extensive experience with the analysis and treatment of disruptive behaviors in geriatric patients with dementia.

Recommendation: Implement the use of behavioral plans for individuals in which the use of seclusion has been utilized beyond a designated number of times.

Finding 3.4: Treatment plans did not consistently link the patient's barriers to discharge to psychosocial programming.

Background: Record reviews and interviews with patients revealed that there was often a disconnect between the identified barriers to discharge and the process of assignment to psychosocial programming by the treatment team. Five out of seven patients interviewed indicated that they attend the groups selected for them by their treatment team. The majority asked did not feel they had an option regarding attending nor did they indicate they actively participated in the development of their plans. All remembered being present at the treatment planning sessions but felt that they were informed as to the schedule of activities they were expected to attend. Most did not feel that the groups would benefit them in re-entry into the community.

Recommendation: Develop plans in ways that are meaningful to the patient and link for them how the treatment groups and sessions are directly related to their ability to live successfully in the community.

Section Four

Treatment Environment

Finding 4.1: The facility has a very institutional presence and appearance inside.

Background: There were few efforts made to make this facility appear less institutional and more homelike. The visiting areas and dayrooms appeared more like office or old airport waiting areas than therapeutic environments. One consistent complaint from the family members interviewed was that the visiting area did not lend itself to private conversation. Patients also related that there was very limited private space. A request for a patient library was made which would serve several purposes. A library space would provide patients with current literature and newspapers to read as well as be a quiet place to go to relax.

Recommendation: Efforts are needed to make this facility appear less institutional internally and allowing for increased opportunities for private and quiet areas.

Finding 4.2: There are several second-hand temporary buildings parked outside the facility that are not being used.

Background: These temporary buildings were purchased to provide temporary space during renovation, which would remove asbestos and expand treatment space. Expansion and renovation plans that had been made were halted. This was based in part on the April 1998 report of Dr. Geller. This report recommended that SVMHI be closed. These unused, unattractive buildings serve as visible reminders of the problems involved in implementing plans for a system that is undergoing as much change as the DMHMRSAS facility system currently is experiencing. The current plan includes reassignment of the catchment areas. The SVMHI census should be reduced by enough patients to allow for existing bedrooms to be used to expand treatment spaces.

Recommendation: None, other than the removal of these buildings if they have no planned use.

Finding 4.3: The buildings and grounds of this facility are well kept.

Background: Efforts to keep the grounds surrounding this facility attractive are apparent. This facility is essentially a single large building. From the interior, there are several windows with views of gardens and landscaping that are attractive and peaceful.

Recommendation: Continue to maintain these grounds.

Section Five

Access to Medical Care

Finding 5.1: The facility currently has five full time psychiatrist positions filled.

Background: This facility has traditionally had great difficulty recruiting and retaining staff psychiatrists. In the 52-month period from 1/95 through 4/99, 11 physicians left service. During this time period, SVMHI was heavily dependent upon the use of temporary physicians, called Locum Tenens. Fourteen different Locum Tenens physicians were used during this same time period. With the recent designation as an area identified as having a shortage of mental health professionals, SVMHI has been able to fill all but one of their psychiatrist positions. This special federal designation enables a facility to hire a physician on a visa from a different country to work. The recruitment and retention of a stable staff of psychiatrists is essential in providing consistent quality care.

Recommendation: Every effort should be made to support the work and professional development of good staff psychiatrists so that they continue to find professional satisfaction in working at SVMHI.

Finding 5.2: SVMHI uses a nurse practitioner to provide basic primary care to patients.

Background: The role of the Family Nurse Practitioner (FNP) at SVMHI is to provide initial screening physical examinations on all new admissions and to provide for and coordinate the primary care needs of all SVMHI inpatients. SVMHI has a contract with an outside group of Primary Care physicians. This contract includes the provision of treatment and necessary consultation to any patient at SVMHI requiring care beyond the medical expertise of the FPN and psychiatric staff at SVMHI. The FNP is a full time employee of SVMHI, and is supervised by the Medical Director. Her role in patient care is clear and well established at SVMHI. She is a regular participant in the daily morning report meeting for medical staff.

Recommendation: None. This role, combined with effective clinical and administrative coordination meets the needs of this patient population.

Finding 5.3: Morning Report at SVMHI is an effective mechanism for the dissemination of information about new and potentially unstable patients throughout the facility.

Background: This meeting serves many functions in the promotion of coordinated care and informal supervision for medical staff. In addition to medical and psychiatric concerns, any use of seclusion within the last 24 hours is reviewed. Following this meeting, there is an administrative meeting where any situations that may have administrative ramifications are discussed. There seems to be a good working relationship among clinical staffs, and between administration and clinical staffs.

Recommendation: None. This meeting seems to be an effective mechanism in the coordination of care throughout this facility.

Section Six

Public Academic Relationships

Finding 6.1: SVMHI collaborates with several colleges to provide training opportunities.

Background: Among the affiliations that the Institute identified as in development or currently providing opportunities for internships for interested individuals are the following:

The Danville Regional Medical Center's RN program

Averett College – students in the BA psychology program

Rockingham Community College – RN program

Virginia Commonwealth University – students in Social Work

Danville Community College – Office Services personnel

Other programs that have established an agreement with the facility for supervision of student internships in pharmacy, social work, physical therapy and/or psychology are Longwood College, East Carolina State University and Randolph Macon College.

Recommendation: Continue developing and formalizing relationships with area colleges and universities.

Section Seven

Notable Administrative Projects

Finding 7.1: SVMHI has developed a performance improvement process that has recently completed several projects.

Background: The Institute has completed several successful performance improvement projects over the last few years. Included among the projects that established and maintained positive outcomes were: a reduction in the number of seclusion hours, decreased admissions of primary substance abusing individuals, and the use of PRN medications.

SVMHI, at the time of the inspection, uses a singular position for the monitoring and development of issues of risk management and quality assurance. Ms. Crews has a clear understanding of each of the functions of her position. She relates that the SVMHI Quality Council and Performance Improvement Teams work together to create an environment where performance improvement projects effectively enhance quality care. Training during the last year for management staff has served to emphasize and formalize the quality improvement process at this facility. Last year, fifty-one staff members at SVMHI were involved in performance improvement projects within the facility.

Recommendation: SVMHI continue to conduct performance improvement projects that enhance the quality of meaningful and person-centered care for its consumers.

Section Eight

Facility Challenges

Finding 8.1: The population being served has shifted dramatically for this facility in recent years.

Background: Interviews with senior management clinical staff consistently revealed that SVMHI has experienced a dramatic shift in the populations served by the facility in recent years. As little as two years ago approximately one-third of the patient population were individuals with a primary substance abuse/dependence diagnosis. According to those interviewed, the provision of substance abuse detoxification and treatment filled a gap in local community services. The development of priority populations, the increased emphasis on treatment for primary substance abuse/dependence consumers in community settings, and concerns identified by Dr. Geller in 1998, resulted in a significant change in the type of patient served at SVMHI. Currently there are many more seriously mentally ill and NGRI (Not Guilty by Reason of Insanity) patients at this facility than two years ago.

Recommendation: SVMHI continue to assess the nature of the consumers served at the facility with the goal of active treatment for individuals with serious mental illness.

Finding 8.2: This facility continues to adapt to a changing role in service provision within the state facility system and its locality.

Background: A change in the catchment area for this facility will result in the shifting of state inpatient services for individuals served by the Central Virginia Community Services Board in Lynchburg to Catawba Hospital. A shifting of the utilization of twenty-five acute beds from SVMHI will result in the closing of an entire unit enabling the facility to use that space for a treatment mall with psychosocial programming. The census reduction resulting from this shift will result in a bed capacity of approximately seventy patients. This is a small facility within a rural catchment area.

Recommendation: SVMHI and the Central Office continue in the process of reviewing and determining the role of this facility.